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APPLICANTS

Horst-Werner Maier-Hunke, Iserlohn, GERMANY;

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		GERMANY	4	20	1

ADDRESS

Mark P. Stone
 25 Third Street
 4th Floor
 Stamford, CT 06905
 UNITED STATES

TITLE

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